

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Castlecomer District Hospital
Centre ID:	0544
Centre address:	Castlecomer
	Co Kilkenny
Telephone number:	056-4441247
Email address:	Anned.slattery@hse.ie
Type of centre:	<input type="checkbox"/> Private <input type="checkbox"/> Voluntary <input checked="" type="checkbox"/> Public
Registered provider:	Anne Slattery
Person in charge:	Julie Mealy
Date of inspection:	29 June 2011
Time inspection took place:	Start: 09:30hrs Completion: 15:30hrs
Lead inspector:	Noelene Dowling
Type of inspection:	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
Purpose of this inspection visit:	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up inspection

About the inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Additional inspections take place under the following circumstances:

- to follow up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- following a notification to the Health Information and Quality Authority's Social Services Inspectorate of a change in circumstance for example, that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or wellbeing of residents
- to randomly "spot check" the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

About the centre

Description of services and premises

The building in which the centre is located was first opened in 1853 as a workhouse, to serve the local community and has been in operation since then under various different governance bodies.

Since the registration inspection in 2010 the Health Service Executive (HSE) south region has reduced the number of residents who can be accommodated in the centre to 28, 13 male and 15 female residents. This is comprised of dedicated beds for three specific long-stay residents over 65 years who have high dependency needs, and one young person who is chronically ill, the remaining accommodation is reserved for respite, convalescent and palliative care. No further long-stay residents will be accommodated.

Alterations to the accommodation since the registration inspection have included; a large entrance lobby, combined activities or meeting room, a smoking room and internal and external ramps to accommodate residents walking or in wheelchairs and ambulance access.

The accommodation consists of two wards divided into bays of two, three, four and six beds. The wards are located to the right and left of the entrance lobby. The female ward now accommodates 15 residents and the male ward 13 residents. The long-stay residents, three of whom are female and one male are accommodated in two three ward bays which were converted to suit their needs and provide additional space. There is one single bedroom which is used for palliative care. The male ward has two assisted toilets and one assisted shower room. Wash-hand basins are positioned at regular intervals in both wards. The female ward has two assisted shower rooms and three assisted toilets.

A central kitchen provides all the catering for the centre and each ward has a small kitchenette where hot drinks and snacks can be made. Each ward has its own dining room which doubles as the day room. An oratory, small family or visitor's room and sluice room complete the accommodation used for residents. The second floor of the building is off limits to residents and is used to accommodate matron's office, administration office, medication store room, staff kitchenette, a staff shower room and staff meeting room.

Admission to the hospital is via the multidisciplinary committee in St Lukes General Hospital, the general practitioner (GP) or public health nurse (PHN) referral. On the day of this inspection, there were 15 residents in total comprising of four long-stay and 11 residents receiving respite or convalescent care. The four long-stay residents had been living in the centre between 1 and 27 years.

Location

It is located in the village of Castlecomer 15 miles from Kilkenny city.

Date centre was first established:	1975
Number of residents on the date of inspection:	15
Number of vacancies on the date of inspection:	13

Dependency level of current residents	Max	High	Medium	Low
Number of residents	6	2	3	4

Management structure

Castlecomer District Hospital is run by the HSE. The General Manager, Anne Slattery is the Registered Provider on behalf of the HSE. Julie Meally is the Person in Charge. She is supported by a clinical nurse manager 1 and 11. The clinical nurse manager 11 deputised on leave periods for the Person in Charge. She supervises all of the nursing and care assistant staff.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	2	3	3	1	1	0

Background

This was a follow-up inspection to ascertain the centres progress in addressing the actions identified on the registration inspection undertaken on 5 May 2010. The registration inspection found that the centre was well managed with a suitably qualified and experienced person in charge and key senior manager. The health needs of residents were met to a good standard, with regular access to GP and to the multidisciplinary services. Good practice in relation to staffing levels, risk management and review of service were evident.

Following the registration inspection nine action plans were raised and the provider issued a response with agreed timeframes to the Authority. This response was deemed satisfactory.

At the time of the registration inspection plans had already been made by the provider to alter the entrance area in order to provide an adequate entrance lobby, ambulance set down area, provide a smoking area for residents, an activities/meeting room, public assisted toilet and improved internal ramps for access internal and externally. A reduction in bed numbers was agreed to improve the living and sleeping accommodation for the residents and increase privacy, along with some renovations to the day room and the provision of an additional shower/bathroom in the male ward. The additional shower and toilet was not completed.

The dates given for the renovation of the premises have been extended on a number of occasions due to technical problems. However, the person in charge had kept the inspector informed of these delays and of progress being made.

Summary of findings from this inspection

The inspector found that considerable progress had been made on all actions outlined in the registration inspection report.

This inspector reviewed eight actions in total on this inspection and found that three had been satisfactorily completed. Resident care plans were found to have been revised and to be comprehensive and person-centred and alterations to the medication management policy were completed. Details available of complaints managed and outcomes were satisfactory.

The number of residents had been reduced overall from 33 to 28 and this reduction in ward numbers has provided additional space in the wards for residents. Inspectors found that the female ward was significantly improved by the reduction in bed numbers and the provision of lockable space for resident's belongings was completed. The male dining was also enhanced by more comfortable seating and the inclusion of double doors which lead directly out to the sensory garden outside.

However, outstanding improvements remain regarding:

- the adequacy of the number of toilet/shower facility in the male ward
- the content of the directory of residents
- written evidence of compliance with the requirements of the statutory fire authority
- timely notifications of accidents or incidents to the Chief Inspector.

Other issues covered on this inspection included healthcare and staff training and risk management. A good standard of healthcare and risk management was demonstrated. However, improvements were found to be necessary in the updating of mandatory training for staff in moving and handling of residents and fire safety.

Actions reviewed on inspection:

1. Action required from previous inspection:

Ensure that the physical design and layout of the premises meet the needs of each resident.

Provide adequate private accommodation.

Ensure the layout of rooms occupied by residents is suitable for their needs.

Provide a sufficient number of shower/baths to meet the needs of the residents.

Provide a suitable private space to meet visitors.

Provide suitable safe storage for residents' personal belongings.

Provide a suitable designated smoking area for residents.

Provide suitable laundry facilities for residents' clothing.

Significant progress had been made although this action was not completed. The number of residents in the female ward had been reduced to 15 which allows additional space surrounding beds and more privacy for residents. Lockers with keys attached were available for resident's personal belongings. A smoking area was provided and adequately ventilated. Residents who wished could have clothing laundered in the day centre although most of the residents' relatives choose to undertake this task at home. The new entrance lobby provides additional space for residents to meet visitor in private aside from the room available.

However, the agreed installation of the additional shower toilet in the male ward had not been completed. The person in charge informed the inspector that this was included in costs and works to be undertaken following the fire safety assessment.

2. Action required from previous inspection:

Provide the Authority with written confirmation from a suitably qualified person that all requirements of the statutory fire authority have been complied with.

This was not available. As agreed with the Authority an assessment of the premises is to take place and works which are identified will be undertaken in order to provide written confirmation of compliance with the requirement of the statutory fire authority.

The building works undertaken have included the fitting of new exit doors from the day room and the front exit which will improve access and egress if necessary in the event of a fire.

The inspectors examined the fire maintenance record and found that the fire alarm was serviced on 31 March 2011 and due for service three-monthly on 30 June 2011. Emergency lighting was tested on 10 June 2011 and all fire fighting equipment was serviced annually. The extension has been included in fire management system. Records of fire safety training indicate that this is not current with the last full training having taken place April 2010. However, records also demonstrated that on two occasions staff have received fire safety orientation in relation to the new extension. A fire alarm tests take place weekly. A process of recorded checks of fire exits has commenced on daily basis. The inspector requested that the Authority be provided with the date on which the fire assessment is to commence.

3. Action required from previous inspection:

The record of complaints did not provide evidence as to whether the complainant was satisfied or not with the outcome.

This action was addressed satisfactorily. The inspector reviewed the register of complaints and related documentation and found that appropriate actions were taken to address any issues raised and the outcome detailed and discussed with the complainant.

Documentation regarding a concern which had been processed through the Trust in Care process was reviewed and found to be satisfactorily managed by the provider. Remedial actions, such as increased and formal supervision was initiated to prevent any further incidents.

4. Action required from previous inspection:

Review all staff files and source all missing documentation.

Personnel files were not stored on site therefore the inspector was unable to ascertain if this action had been satisfactorily addressed. However, documentation was provided stating that eight Garda Síochána vettings remained outstanding but that this had been applied for from the central vetting office.

5. Action required from previous inspection:

The medication management policy did not include the procedures for the management and administration of pro re nata (PRN), (as required) medication.

This action was completed. The policy required was in place and inspectors found that pro re nata (PRN) medication was not over used and its usage was monitored.

6. Action required from previous inspection:

Ensure that the directory of residents includes all of the information required by Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Inspectors reviewed the directory of residents and found that this action was not completed. The contact phone number for the resident's next of kin and contact details for the resident's general practitioner (GP) were not included.

8. Action required from previous inspection:

Ensure that notice is given to the Chief Inspector of any occurrences outlined in the regulations within the required time frames for each occurrence.

This action was not satisfactorily completed.

The person in charge had not informed the Authority of accidents and incidents which required notification. Late notification had been submitted prior to the inspection and correlated with the information in the accident and incident register.

9. Action required from previous inspection:

Put a plan in place to include therapeutic care and activities for residents with cognitive impairment or dementia.

The residents' care plans were found to contain significant attention to the needs of residents with cognitive impairment or dementia. These were observed to inform staff of the day-to-day care of residents. They included guidelines to help staff recognise sounds or facial expressions and their significance for residents, for example to indicate distress, and actions to alleviate this such as hand massage and sensory guidelines.

A memory book has been commenced for a resident which included family and historical photographs also DVDs and music have been identified for use. Inspectors observed consistent interaction by staff with residents who were unable to communicate verbally.

Two care assistants are trained in Sonas therapy and the person in charge indicated that they would try to incorporate elements of this therapy into the daily lives of residents who would benefit from it.

10. Action required from previous inspection:

Continue the review of the residents care plans and ensure that they focus on consultation and person-centred care.

A significant improvement was found in the detail and style of resident's care plans. There was evidence on the care plans that families were consulted regarding their content. They were found to be person-centered and demonstrated an awareness of the residents' social and psychological needs as well as their medical and healthcare details.

The inspector reviewed four residents care plans and found that healthcare was prioritised. Care plans were found to be well organised, comprehensively documented and contained all of the required information. Evidence-based assessment tools including waterlow pressure risk assessment, malnutrition universal screening tools (MUST) were utilised and regularly reviewed. Record demonstrated that weights were monitored monthly or more frequently as dictated by residents changing health needs, with blood pressure and pulse monitored weekly.

Care plans were found to be reviewed within the required three-monthly timeframes or more frequently as required. Nursing staff were knowledgeable on the residents care plans and their healthcare needs.

Allied services such as speech and language and occupational therapy were also sourced. Referral to other specialists was seen to be prompt with evidence of outcomes available and followed up by staff. A physiotherapist is on site one day per week which supports resident's rehabilitation. Ten nursing staff have undergone training in the insertion and management of Percutaneous feeding systems (PEG) in 2011 which helps to prevent unnecessary admissions to acute services.

The use of bedrails was assessed as to the symptom to be treated and the risk of the use or non use of the rails. There was evidence of review of their usage.

Other issues covered on inspection:

Staff Training

The inspector reviewed the staff training records and found that some improvement is required in the consistent implementation of mandatory training. Records demonstrated that 13 staff underwent manual handling training in 2009 which is now overdue for review 14 staff underwent training in the prevention, detection and reporting of abuse in 2009 and three staff in 2010. The person in charge concurred with these figures and stated that due to the moratorium on staff in the HSE it was difficult to release staff for such training. Fire training was also not current.

Report compiled by:

Noelene Dowling
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

30 June 2011

Chronology of previous HIQA inspections	
Date of previous inspection	Type of inspection:
5 May 2010	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

Provider's response to inspection report *

Centre:	Castlecomer District Hosppital
Centre ID:	0544
Date of inspection:	29 June 2011
Date of response:	14 July 2011

Requirements

These requirements set out what the registered provider must do to meet the Health Act, 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

1. The provider has failed to comply with a regulatory requirement in the following respect:

Written confirmation from a suitably qualified person that all requirements of the statutory fire Authority have been complied with has not been provided.

Fire training for staff has not been updated consistently on an annual basis.

Action required:

Provide the Authority with the date on which the fire safety assessment and subsequent works will commence.

* The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Action required:

Provide written confirmation from a suitably qualified person that all requirements of the statutory fire Authority have been complied with.

Action required:

Ensure, by means of fire drills and fire practices at suitable intervals, that the staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire, including the procedure for saving life.

Reference:

Health Act 2007
 Regulation 32: Fire Precautions and Records
 Standard 26: Health and Safety

Please state the actions you have taken or are planning to take with timescales:	Timescale:
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<p>Provider's response:</p> <p>Fire drill officer was present on day of inspection and eight staff members received training - evacuation was planned for same day but was cancelled due to work load of the day - subsequently fire officer performed evacuation training for nine staff members on 14 July 2011 and follow up training is ongoing.</p> <p>Also new block has been fitted with fire safety equipment and fire blanket and fire cylinder has been fitted in the designated smoking area .Technical Services have been notified. Letter of explanation is attached. fire inspection of the building which we have been awaiting, is now scheduled for Friday 22 July 2011 at 13:00hrs.</p>	<p>29 June 2011</p>
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2. The person in charge has failed to comply with a regulatory requirement in the following respect:

Staff had not received updated mandatory training in moving and handling of residents or updated training in the prevention detection and response to abuse.

Action required:

Make all necessary arrangements, by training staff or by other measures, aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.

Action required:

Provide regular and updated training for staff in the moving and handling of residents.

<p>Provider's response:</p> <p>Management at Castlecomer District Hospital have requested from management and maintenance at St Luke's Hospital Kilkenny that this facility is to be put in place following initial inspection. HSE engineer and architect have linked with management in an effort to design and put this facility in place. This is part of the overall plan for the hospital. This matter is ongoing with the general manager and we are currently awaiting the design and plans from technical services so that we can begin this process.</p>	<p>January 2011</p>
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<p>4. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>Recruitment procedures were not robust. Staff files did not have the required documentation prior to taking up post.</p>	
<p>Action required:</p> <p>Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 18: Recruitment Standards 22: Recruitment</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>This matter is being dealt with by the human resource manager and personnel department. Currently eight staff members are being processed, seven of which are completed with Garda Síochána vetting and the eighth person is being followed up presently.</p>	<p>September 2011</p>

<p>5. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>The directory of residents did not contain all of the detail specified by the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).</p>	
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Action required:	
Ensure that the directory of residents includes the information specified in Schedule 3 paragraph (3) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).	
Reference:	
Health Act 2007 Regulation 23: Directory of Residents Standard 32: Register and Residents' Records	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
The current register has been re-organised and modified for all the required data. General Practitioner contact details will be entered from today forward and a memo has been issued to all staff in this regard, in respect of all patients.	14 July 2011

6. The provider has failed to comply with a regulatory requirement in the following respect:
Failing to notify the Chief Inspector of accidents or incident occurring in the designated centre within the required timeframes.
Action required:
Give notice to the Chief Inspector without delay of the occurrence in the designated centre of: <ul style="list-style-type: none"> ▪ the death of any resident under the age of 70 including the circumstances of the resident's death ▪ outbreaks of any infectious disease ▪ any serious injury to a resident ▪ any allegation, suspected or confirmed abuse of any resident ▪ any allegation of misconduct by the registered provider or any person who works in the designated centre.
Provide a written report to the Chief Inspector at the end of each quarter of the occurrence in the designated centre of: <ul style="list-style-type: none"> ▪ any recurring pattern of theft or reported burglary ▪ any accident ▪ any fire, or loss of power, heating or water.

Reference: Health Act 2007 Regulation 36: Notification of Incidents Standards 26: Health and Safety	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Management have provided the Authority with details of all the above incidents that have happened over the past year. However, the timeframe in the future will be closely adhered to as required.	14 July 2011 and ongoing

Any comments the provider may wish to make:

Provider's response:

I wish to confirm that I have met with the Director of Nursing on the 14 July 2011, to confirm actions from recommendations and timescales. In addition any factual inaccuracies were checked, should there be any further queries please do not hesitate to contact me.

Provider's name: Anne Slattery

Date: 14 July 2011